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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	15043/091752
First Named Inventor	Paul Noel Holvoet
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ASSAYS, ANTIBODIES, AND STANDARDS FOR DETECTION OF OXIDIZED
AND MDA-MODIFIED LOW DENSITY LIPOPROTEINS**

the specification of which *(Title of the invention)*

☐ is attached hereto
OR

☒ was filed on (MM/DD/YYYY) **07/01/97** as United States Application Number or PCT International

Application Number **PCT/EP 97/03493** and was amended on (MM/DD/YYYY) **08/05/99** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/EP97/03287	PCT	06/20/1997	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

~~(Page 1 of 2)~~
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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number OR ☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Stephen P. Gilbert, Esq.	27,893	[see REGISTERED PRACTITIONER INFORMATION — Supplemental Sheet]	

☒ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name	Stephen P. Gilbert, Esq.				
Address	Bryan Cave LLP				
Address	245 Park Avenue				
City	New York, New York 10167	State	NY	ZIP	10167
Country	USA	Telephone	212-692-1836	Fax	212-692-1900

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Paul Noel	Holvoet

Inventor's Signature	Date

Residence: City	Kessel-Lo	State		Country	BE	Citizenship	BE
-----------------	-----------	-------	--	---------	----	-------------	----

Post Office Address	Broekstraat 13A, B-3010 Kessel-Lo, Belgium
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Post Office Address	
---------------------	--

City	Kessel-Lo	State		ZIP	B-3010	Country	BE
------	-----------	-------	--	-----	--------	---------	----


☒ Additional inventors are being named on the ☐ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page ____ of ____

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Désiré José				Collen				
Inventor's Signature					Date		Oct 12, 1998	
Residence: City		London	State		Country	GB	Citizenship	BE
Post Office Address		29 Collingham Gardens, London SW5 OHN						
Post Office Address								
City		London	State		ZIP	SW5 OHN	Country	GB
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature					Date			
Residence: City			State		Country		Citizenship	
Post Office Address								
Post Office Address								
City			State		ZIP		Country	

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valid OMB control number.

DECLARATION

**REGISTERED PRACTITIONER
INFORMATION
(Supplemental Sheet)**

Name	Registration Number	Name	Registration Number
Maurice B. Stiefel	18,479		
Lawrence G. Kurland	24,895		
Mark E. Waddell	31,803		
Stephen M. Haracz	33,397		
David A. Roodman	35,663		
Warren K. MacRae	37,876		
N. Whitney Wilson	38,661		
Timothy E. Tracy	39,401		
Daniel A. Crowe	39,644		
Kevin C. Hooper	40,402		

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**☒ Declaration
Submitted
with Initial
Filing

OR

☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number 15043/091752

First Named Inventor Paul Noel Holvoet

COMPLETE IF KNOWN

Application Number 09 / 446,259

Filing Date 12/20/99

Group Art Unit 1641

Examiner Name Lisa V. Cook

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**ASSAYS, ANTIBODIES, AND STANDARDS FOR DETECTION OF OXIDIZED AND
MDA-MODIFIED LOW DENSITY LIPOPROTEINS**

the specification of which

(Title of the invention)

☐ is attached hereto
OR☒ was filed on (MM/DD/YYYY) 07/01/97 as United States Application Number or PCT International

Application Number PCT/EP97/03493 and was amended on (MM/DD/YYYY) 08/05/99 (if applicable) *

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				YES	NO
PCT/EP97/03287	PCT	06/20/1997	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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Application Number(s)	Filing Date (MM/DD/YYYY)	
		<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

* and is now serial no. 09/446,259, filed 12/20/99.

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Stephen P. Gilbert, Esq.	27,893	[See Registered Practitioner Information - Supplemental Sheet]	

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

Name	Stephen P. Gilbert, Esq.				
Address	Bryan Cave LLP				
Address	245 Park Avenue				
City	New York	State	NY	ZIP	10167
Country	USA	Telephone	212-692-1836	Fax	212-692-1900

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle if any)		Family Name or Surname	
Paul Noel		Holvoet	
Inventor's Signature	[Signature]		Date
Residence: City	Kessel-Lo	State	BE
Post Office Address	Domeinstraat 15, B-3010 Kessel-Lo, Belgium		
Post Office Address			
City	Kessel-Lo	State	BE
ZIP	B-3010	Country	BE

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

SHEET 2 OF 4

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DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page ____ of ____			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Desiré José				Collen			
Inventor's Signature	<i>[Signature]</i>			Date		Aug 13 2001	
Residence: City	London	State		Country	GB	Citizenship	GB
Post Office Address 28 Collingham Gardens, London SW5 0HN							
Post Office Address							
City	London	State		ZIP	SW5 0HN	Country	GB
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Inventor's Signature				Date			
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
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